

## The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:070600018		CI	IY OR TOW	N MILFORD	
APPLICATION FO	R RENEWAL:	Seasor	nal	LICE	ENSED FOR 20	)13
		CLAS	SS			YEAR
DOING BUSINESS	SA	OD & GUN CL	UB, INC.			
ADDRESS MCGIL		CT A TE	3.51	ZID CODE	0.4.5.5	
CITY/TOWN: MI		STATE:	MA	ZIP CODE:	01757	
MANAGER: DOI	RR,DENIS J. TY	PE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR		YOUR EMAIL	ADDRESS		
	WITH MEMBERSHI AND REAR ENTRAN GE AREA,WITH REA	P HALL,DINING CES/EXITS ON T R AND SIDE EN	THE FIRST	FLOOR. THE	SECOND FLOO	)R
I hereby certify and	swear under penaltie	es of perjury tha	t:			
	wed license will be o	* -		-		
	see has complied wi				g to taxes; and	
3. the prem	ises are now open fo	or business (If no	it explain	below)		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate	e Officer		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building is (2) the certificate of	nspector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	Lain)			LOCAL LICE By:	NSING AUTHO	ORITY
DATE:			-			
-						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600085		CITY OR TOWN MILFORD				
APPLICATION FOR RENEWAL:		Seasonal	LICEN	ENSED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS		DRAMATIC & SPOR	TSMEN CLUB, II	NC.		
ADDRESS 55 DEP	OT STREET					
CITY/TOWN: MII	LFORD	STATE: MA	ZIP CODE:	01757		
MANAGER: BROFLO	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: Club	CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS			
DESCRIPTION OF	LICENSED PREMI	ISES:				
2. the licens 3. the premi	see has complied with	f the same type for the s h all laws of the Common r business (If not explain	onwealth relating to			
SIGNED BY:						
SIGNED BY:	Individual, Partne	er or Authorized Corpor	ate Officer			
SIGNED BY:  DATE:		er or Authorized Corpor	EMPLOYER	IDENTIFICATION NUMBER:		
DATE:  We the undersigned Acts of 2004, signed	TELEPHONed, attest that we are	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: <b>NOT</b> Ind	ividual Social Security Number) ed by Chapter 304 of the		
DATE:  We the undersigned Acts of 2004, signed named license and	TELEPHONE at that we are the dot by the building in (2) the certificate o	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departi ance required by	ed by Chapter 304 of the nent for the above		

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